## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



			or <u>l</u>	Fax (571) 273-2885		/ \
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	rm should be used for tran respondence including the below or directed otherwise as.	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and lers and noti specifying	PUBLICATION FEE (if req fication of maintenance fees a new correspondence addres	uired). Blocks 1 through 5 will be mailed to the curren ss; and/or (b) indicating a sep	should be completed wher it correspondence address a parate "FEE ADDRESS" fo
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for 590 08/02/2005	any change of address)		Fee(s) Transmittal, T	of mailing can only be used this certificate cannot be used nal paper, such as an assignm ate of mailing or transmission.	l for any other accompanyin
Jeanine S. Ray-Y IBM Corporation T PO Box 12195	Г81/503	AUG: 1 6:20		C I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is being twith sufficient postage for final ail Stop ISSUE FEE address SPTO (571) 273-2885, on the	nsmission  ng deposited with the Unite irst class mail in an envelop s above, or being facsimil date indicated below.
Research Triangle 1 /17/2005 HDESTA2 0000	M120 090461 0976190	HOO	(E)			(Depositor's name
FC:1501 1400.00 FC:1504 300.00	DA DA	AUG TRACE	MARK			(Signature
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,906	01/17/2001	<u> </u>		P. Doyle	RSW92000096US1	6182
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FE \$1400		PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	DATE DUE 11/02/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	ר	
HOFFMAN, BRANDON S		2136		713-168000		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Myers Bigel Sibley  Sajovec PA			
. vanibei is leganed.		E DDD ITED ON T	HE PATENT	(print or type)	·	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	lata will app `a substitute	ear on the patent. If an assig	gnee is identified below, the	document has been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified ben 37 CFR 3.11. Completion EE al Business Mac	elow, no assignee d of this form is NOT (B) hines Corp	data will app a substitute RESIDENC	near on the patent. If an assignment.  CE: (CITY and STATE OR CO	OUNTRY) nonk, New York	10504
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI International	an assignee is identified be 37 CFR 3.11. Completion EE al Business Mac assignee category or catego	elow, no assignee dof this form is NOT  (B)  hines Corpories (will not be printed.)	data will app a substitute RESIDENC oratior nted on the p	near on the patent. If an assignment.  CE: (CITY and STATE OR Control of the cont	OUNTRY)	10504
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Internationa Please check the appropriate 4a. The following fee(s) are	an assignee is identified be 37 CFR 3.11. Completion EE al Business Mac assignee category or catego	elow, no assignee dof this form is NOT  (B)  hines Corpories (will not be pricate)	data will app a substitute RESIDENC ORATION nted on the p Payment of	near on the patent. If an assignment.  CE: (CITY and STATE OR Control of the patent):  Armonatent):  Individual Fee(s):	OUNTRY) nonk, New York Corporation or other private g	10504
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  Internationa  Please check the appropriate  4a. The following fee(s) are  Issue Fee	an assignee is identified be 37 CFR 3.11. Completion EE al Business Mac assignee category or category enclosed:	elow, no assignee dof this form is NOT  (B)  hines Corpores (will not be printed to the printed	lata will appra substitute  RESIDENC  ORATION  nted on the p  Payment of  A check	ear on the patent. If an assignment.  CE: (CITY and STATE OR Control of the patent):  Individual Fee(s):  In the amount of the fee(s) is a second of the fee(s) is a second of the fee(s) is a second of the fee(s).	OUNTRY)  nonk, New York  Corporation or other private genclosed.	10504
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  Internationa  Please check the appropriate  4a. The following fee(s) are  Issue Fee	an assignee is identified be 37 CFR 3.11. Completion EE al Business Mac assignee category or catego enclosed:	elow, no assignee cof this form is NOT  (B)  hines Corpories (will not be printed to the printed	lata will app a substitute RESIDENC ORATION need on the p Payment of A check Payment	ear on the patent. If an assignment.  CE: (CITY and STATE OR Control of the fee(s))  In the amount of the fee(s) is a by credit card. Form PTO-20	OUNTRY)  nonk, New York  Corporation or other private genclosed.	10504 group entity Governmen
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  International Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims SI	an assignee is identified by 137 CFR 3.11. Completion EE al Business Mac assignee category or categorenclosed: amall entity discount permitter f Copies	elow, no assignee cof this form is NOT  (B)  thines Corpores (will not be printed)  add)  237 CFR 1.27.	lata will app a substitute  RESIDENCO  ORATION  need on the p  Payment of  A check  Payment  The Direct  Deposit Acc	ear on the patent. If an assignment.  CE: (CITY and STATE OR Control of the feet)  In Armonia of the feet)  The feet of the fe	OUNTRY)  nonk, New York  Corporation or other private genclosed.  38 is attached.  charge the required fee(s), of (enclose an extra)	10504  group entity Government  or credit any overpayment, copy of this form).
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  International Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims SI	an assignee is identified by 137 CFR 3.11. Completion EE al Business Mac assignee category or categorenclosed: amall entity discount permitter f Copies	elow, no assignee cof this form is NOT  (B)  thines Corpores (will not be printed)  add)  237 CFR 1.27.	lata will app a substitute  RESIDENCO  ORATION  need on the p  Payment of  A check  Payment  The Direct  Deposit Acc	ear on the patent. If an assignment.  CE: (CITY and STATE OR Control of the feet)  In Armonia of the feet)  The feet of the fe	OUNTRY) nonk, New York Corporation or other private genclosed. 38 is attached. charge the required fee(s), o (enclose an extra	10504  group entity Government  or credit any overpayment, copy of this form).
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  International Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims SI	an assignee is identified by 137 CFR 3.11. Completion EE al Business Mac assignee category or categorenclosed: amall entity discount permitter f Copies	elow, no assignee cof this form is NOT  (B)  thines Corpores (will not be printed)  add)  237 CFR 1.27.	lata will app a substitute  RESIDENCO  ORATION  need on the p  Payment of  A check  Payment  The Direct  Deposit Acc	pear on the patent. If an assignment.  CE: (CITY and STATE OR CO  Arm  patent): Individual Fee(s): in the amount of the fee(s) is objected to card. Form PTO-20 ector is hereby authorized by ount Number 09-0461  cant is no longer claiming SM  many) or to re-apply any previous to other than the applicant; a re-	OUNTRY)  nonk, New York  Corporation or other private genclosed.  38 is attached.  charge the required fee(s), of (enclose an extra)	10504  group entity Government  or credit any overpayment, toopy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.